

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <i>12012</i>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Charles R Brand P.O. Box, Bldg., Room No., if any P. O. Box 219 Street City Osawatomie State Kansas ZIP Code + 4 66064	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers & Trainmen Labor Organization File Number <i>000101</i> P.O. Box, Building and Room Number, if any Street 1370 Ontario Street, Mezzanine City Cleveland State Ohio ZIP Code + 4 44113-1702
5. Position in labor organization. Local Chairman Div. 336	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Charles A Brand</i>	On 08/11/2005	913-256-6452
	Date	Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Bauer and Baebler</p> <p>Trade Name, if any: Designated Legal Council</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1010 Market Street</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63101-2026</p>	<p>14.a. Nature of payment.</p> <p>One dinner at GCA Meeting - \$30</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$30</p>

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Rathman & O'Brien Trade Name, if any: Designated Legal Council P.O. Box, Bldg., Room No., if any Street 1031 Lami City St. Louis State Missouri ZIP Code + 4 63104-4216	14.a. Nature of payment. Two baseball game tickets 40 Two nights lodging 150 Meals GCA meeting 25 Meals 40
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$255

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Schlichter, Bogard, & Denton Trade Name, if any: Designated Legal Council P.O. Box, Bldg., Room No., if any Street 100 S. 4th St. City St. Louis State Missouri ZIP Code + 4 63102	14.a. Nature of payment. Meal at GCA meeting \$30
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.